HEALTHY KIDS PEDIATRICS

Insurance and Billing Policy

At Healthy Kids Pediatrics, we are dedicated to providing your child with the best medical care available. In order to do that, we will need your assistance in providing us with necessary information; this information will be kept confidential and is protected by law. We hope you understand that the information provided is used for purposes of providing services to your child and is shared only with the insurance company for the purpose of reimbursement. If your child has any type of lab work done, this same information will be provided to them as well. We will not release your information to a facility or person unless requested by you in writing.

We will file your insurance if we are a participating provider under the plan for which you are enrolled. Any out-of-pocket expenses, co-pays, deductibles or co-insurance is the responsibility of the patient and is due are the time of service. If we are not a participating provider on the plan you are enrolled in, payment will be due at the time services are rendered. We accept all forms of payment. If a check is used as payment, your driver's license must be provided.

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Please remember the following:	
	, your employer and the insurance company. We ely, medical charges are the responsibility of the
•	of the particular details of each insurance plan. exclusions and/or provisions with your plan. Any e responsibility of the guarantor/parent.
If you have questions or concerns with these po	olicies, please feel free to contact our office.
This form must be signed prior to services be permanent record with our office.	ing rendered. It will become part of your child's
Parent/Guardian Signature	Date